

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 743206 RECEIPT DATE: 01 / 04 / 01  
IA NUMBER: PCT/ GB99 / 02127 IA FILING DATE: 07 / 02 / 99  
FAMILY NAME: PARKER DELAY WAIVED (Y/N): Y  
GIVEN NAME: DAWOOD DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 07 / 04 / 98  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
FAX  
NAME: EWIN D SCHIDLER  
STREET: FIVE HIRSCH AVENUE  
CITY: CORAM  
STATE/COUNTRY: NY ZIP: 117270966  
EMAIL:  
APPLICATION TITLES:  
NON-INVASIVE MEASUREMENT OF BLOOD ANALYTES

TAB TO LAST POSITION, PUSH SEND